EXHIBIT C

FORM B10 (0000 CAPF 1 A 7105 (1000) DOC 8870-3	Entered 08/07/11 15:57:03 Pag	e 2 of 13
United States Bankruptcy Court	DISTRICT OF NEVADA	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL MORTGAGE CO	- Case Number - 06-10725	MOOF OF GLAW
NOTE: This form should not be used to make a claim for an admini of the case. A "request" for payment of an administrative expense m		
Name of Creditor (The person or other entity to whom the debtor owes maney or property): STANLEY + FLORENCE ALEXANDER, IND. + AS TRUSTEES	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name and address where notices should be sent: ROBERT C. LEPOME 10120 S. EASTERN #200 HENDERSON, NV 89052 Telephone number: (702) 492-1271	Check box if you have never received any notices from the bankruptcy court in this case. Check box if the address differs from the address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor: 240 3	Check here . ☐ replaces if this claim ☐ amends a previously filed	claim, dated:
1. Basis for Claim GENERA CLAIM Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other NECLICENCE & FRAND	Retiree benefits as defined in 11 Wages, salaries, and compensati Last four digits of your SS #: Unpaid compensation for service from	ion (fill out below)
2. Date debt was incurred: JAN 1, 2005 TO APRIL 12, 2006	3. If court judgment, date obtained:	
4. Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations. Unsecured Nonpriority Claim \$ 400000000000000000000000000000000000	Secured Claim Check this box if your claim is a right of setoff). Brief Description of Collateral: Real Estate	es at time case filed included in that the case filed included in the case, or rental of property schold use - 11 U.S.C. al units - 11 U.S.C. § 507(a)(8), f 11 U.S.C. § 507(a)().
 5. Total Amount of Claim at Time Case Filed: AS OF NOV 6, 2c Check this hox if claim includes interest or other charges in ad interest or additional charges. 6. Credits: The amount of all payments on this claim has been additional charges. 	Idition to the principal amount of the claim. Attach	YOU, OCO riority) (Total) itemized statement of all
 6. Credits: The amount of all payments on this claim has been making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, invoices, itemized statements of running accounts, contragreements, and evidence of perfection of lien. DO NOT SEN documents are not available, explain. If the documents are voluents are not available, explain. If the document of the fraddressed envelope and copy of this proof of claim. Date	the creditor or other person authorized to	HIS SPACE IS FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S



FORM B10 (Official Form 10) (10/05)

Library Court	Durant w //a /
United States Bankrupicy Court	DISTRICT OF Newsda RECEIPTED AND PINED
Name of Debtor	Case Number
USA Commence Mc Lyage Co	Case Number Bk-5-06-10725-188 Strative expense arising after the commencement AUG 14 P 12 18
NOTE This form should not be used to make a claim for an adminis	Strative expense arising after the commencement 80th AUG 14 P 12 18
of the case. A request for payment of an administrative expense ma	by be filed pursuant to 11 USC & 503
Name of Creditor (The person or other entity to whom the	Check box if you are aware that anyone PARICIA GRAY CIERK
debtor owes money or property)	
The Chiuppetta Trust	your claim Attach copy of statement giving particulars
Pat + Joann Chiappetta, TTEE	Check box if you have never received any
Name and address where notices should be sent	notices from the bankruptcy court in this
Jeanne cheppetter	case
7(21) CINCULL Dr SAGRAS NU 89436 Telephone number 775-354-1317	Check box if the address differs from the
Telephone number	address on the envelope sent to you by This Stace is how Court Use Only
	the court
Last four digits of account or other number by which creditor identifies debtor	Check here replaces
idelitries debioi	if this claim amends a previously filed claim dated
1 Basis for Claim	☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Goods sold	☐ Wages salaries and compensation (fill out below)
Services performed	Last four digits of your SS #
Money loaned	Unpaid compensation for services performed
Personal injury/wrongful death	fromto
☐ Taxes ☐ Other ————————————————————————————————————	(date) (date)
	2 11
2 Date debt was incurred //- 23-05	3 If court judgment, date obtained
4 Classification of Claim Check the appropriate box or boxes the	hat best describe your claim and state the amount of the claim at the time case filed
See reverse side for important explanations	Secured Claim
Unsecured Nonpriority Claim \$	
Check this box if a) there is no collateral or lien securing you	Check this box if your claim is secured by collateral (including a right of setoff)
b) your claim exceeds the value of the property securing it or if c)	none or
only part of your claim is entitled to priority	Brief Description of Collateral
Unsecured Priority Claim	Real Estate Motor Vehicle Other
Check this box if you have an unsecured claim all or part of	which is Value of Collateral \$
entitled to priority	Amount of arrearage and other charges at time case filed included in
Amount entitled to priority \$	secured claim if any \$
, ,	
Specify the priority of the claim	Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C
☐ Domestic support obligations under 11 USC \$ 507(a)(1)(A)	or § 507(a)(7)
(1)(1)(B)	☐ Taxes or penalties owed to governmental units 11 USC § 507(a)(8)
☐ Wages salaries or commissions (up to \$10 000) * earned with	un 180 —
days before filing of the bankruptcy petition or cessation of the deb business whichever is earlier 11 U.S.C. § 507(a)(4)	and the second s
	with respect to core commenced on or after the date of advictoring
☐ Contributions to an employee benefit plan 11 USC § 507(a)(3)
5 Total Amount of Claim at Time Case Filed	\$ Unknown 30,000.
Check this box if claim includes interest or other charges in or	(unsecured) (secured) (priority) (Total) ddition to the principal amount of the claim. Attach itemized statement of all
interest or additional charges	destroit to the principal amount of the claim. Attach Remized statement of all
6 Credits The amount of all payments on this claim has bee	en credited and deducted for the purpose of This Sincl is for Court Usi Only
making this proof of claim	THE SENSE THE COURT ON THE
7 Supporting Documents Attach copies of supporting documents	ments such as promissory notes purchase
orders invoices itemized statements of running accounts conf	· · · · · · · · · · · · · · · · · · ·
agreements and evidence of perfection of lien DO NOT SE	
documents are not available explain. If the documents are vol	
8 Date Stamped Copy To receive an acknowledgment of the	filing of your claim enclose a stamped self-
addressed envelope and copy of this proof of claim	
Date Sign and print the name and title if any o	f the creditor or other person authorized to
file this claim (attach copy of power of att	urney if any)
811106 A 01	TA CIA USA CMC
	a JoAnn Chrappetta
Penalty for presenting fraudulent claim. Fine of up to \$500,000	or imprisonment for up to 5 years or both 18 U S C 1072500162

United States Bankrupicy Court	UNITED STAILS BANKRUPICY COURT DISTRICT OF Nevada PROOF OF CLAIM					
Name of Dubtor USA COMMERCIAL MORTGAGE CO Case Number 06-10725-LBR					1 LOOL OF ODAIN	
NOTE. This form should not be used to make a of the case. A request for payment of an admir	NOTE. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 USC § 503					
Name of Creditor (The person or other entity to videbtor owes money or property) DEBORAH A DANIEL A SINGL		else l your givin	ias filed a claim Att g particula	ou are aware that proof of claim rel ach copy of state rs ou have never reco	lating to ment	
Name and address where notices should be sent DEBORAH A DANIEL 249 S VISTA DEL MONTE ANAHEIM, CA 92807		notic case	es from th k box if th	e bankruptcy cou e address differs i envelope sent to y	rt in this from the	This Space is for Court Use Only
Telephone number Last four digits of account or other number by widentifies debtor	hich creditor		k here	replaces	nously filed	claim dated
1. Basis for Claim Goods sold Services performed Money loaned Personal mjury/wrongful death Taxes SEF EXHIBIT A			Retr Wag Lass	ree benefits as d	efined in 11 compensation SS #on for service	USC § 1114(a) ion (fill out below) ces performed
2. Date debt was incurred NOVEMBE	R 18,2005	3.	If court	judgment, date	obtained	
4 Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations Unsecured Nonpriority Claim \$ 202,376.95 Check this box if a) there is no collateral or lien securing your claim, or only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U.S.C. § 507(a)(4) Wages salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U.S.C. § 507(a)(4) Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in addition to the principal amount of the claim.						
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous, attach a summary 8. Date-Stamped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim						
Date Sign and print the name file this claim (attach co	opy of power of atto	rney, (f any	7	person authorized		USA CMC

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Case 06-10725-gwz FORM B10 (Official Form 10) (10/05)

			_		
UNITED STATES BANKRUPTCY COURT	Dis	TRICT ()F_	Nevada	PROOF OF CLAIM
Name of Debtor USA Commercial Mortgage Company	Case	Number	06-	10725-LBR	
NOTI: This form should not be used to make a claim for an administ of the case. A 'request for payment of an administrative expense ma					
Name of Creditor (The person or other entity to whom the dubtor owes money or property) Denise F Fager, Trustee of the Denise F Fager Revocable Trust UAD 2/28/03	else you givi	has filed r claim A ng particu	a pr Attac ilars	are aware that anyone coof of claim relating to the copy of statement have never received as	
Name and address where notices should be sent Denise F Fager 5 Salvatore Ladera Ranch CA 92694	noti	ces from	the	bankruptcy court in the	s
Telephone number 949-218-8290		ress on th court.	e en	velope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor		ck here is claim	\ 	eplaces amends a previously	filed claim dated. 11/06
1 Resis for Claim Goods sold Services performed ✓ Money loaned Personal injury/wrongful death Taxes ✓ Other See Exhibit A		U W	age: ast fi npai		
2. Date debt was incurred March 2001	3.	If cour	rt ju	dgment, date obtain	red
4 Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations. Unsecured Nonpriority Claim \$ 663,782 03 Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it or if c) is only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of we entitled to priority Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries, or commissions (up to \$10,000) * earned within days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan - 11 U S C. § 507(a)	r claim, or none or which is	Amou secure Up to \$2 or service \$ 507(a) Taxes or Other - \$ tours are	Check of the control	Claim ck this box if your claim setoff) f Description of Collaid Real Estate Mote de of Collateral Starrearage and other claim, if any \$ 12.34 S* of deposits toward if or personal, family or malties owed to governing applicable paragra beto to adjustment on	reral or Vehicle Other unknown harges at time case filed included in
Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in add interest or additional charges.	_	(unecom	ag)	(secured) nount of the claim At	(priority) (Total) tach itemized statement of all
6. Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents: Attach copies of supporting docume orders invoices itemized statements of running accounts contra agreements and evidence of perfection of lien DO NOT SEN documents are not available, explain If the documents are volur 8. Date-Stamped Copy To receive an acknowledgment of the fil addressed envelope and copy of this proof of claim Date Sign and print the name and title, if any of the file this claim (attach copy of power of attorn 1/10/07	ents such a cts court of ORIGIN minous, att ing of you	as promis udgment IAL DOO ach a sun r claim, c	sory s, m CUN nma enclo	onotes, purchase sortgages, security AENTS If the ry ose a stamped, self-	THIS SPACE IS FOR COURT USE ONLY
Penalty for presenting fraudulent claim Fine of up to \$500,00% or	> Impressam		Re	isle	USA CMC

UNITED STATES BANKRUPTCY COURT	Di	STRICT O) Ne	evada		
Name of Dubtor USA Commercial Mortgage Company				725-LBR		PROOF OF CLAIM
NOTE: This form should not be used to make a claim for an admini of the case. A request for payment of an administrative expense ma	strative ex ay be filed	pense arısı pursuant	ng afte	r the commencement ISC § 503	nt	
Name of Creditor (The person or other entity to whom the debtor owes money or property) Donna M Cangelosi, Trustee of the Donna M Cangelosi Family Trust	else you	has filed ir claim A ing particu	a proof Attach o lars	e aware that anyone f of claim relating to copy of statement we never received a	lo	
Name and address where notices should be sent Donna Cangelosi 5860 Lausanne Drive Reno, Nevada 89511	not case Che	ices from e ck box if	the ban	kruptcy court in th	ns	
Telephone number (775) 530-7079 Last four digits of account or other number by which creditor identifies debtor	the Che	court.	repl	_	1	This Space is for Court Usi Only laim dated 12/12/06
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other See Exhibit A		Re War	tiree b	enefits as defined alaries and compe digits of your SS ompensation for s	in II U	JSC § 1114(a) n (fill out below)
2 Date debt was incurred March, 2001	3.	If cour	t judg	ment, date obtain	ned	
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations Unsecured Nonpriority Claim \$ 768,560 86 Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it or if c) rouly part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of we entitled to priority Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000),* earned within days before filing of the bankruptcy petition or cessation of the debto business whichever is earlier - 11 U S C \$ 507(a)(4) Contributions to an employee benefit plan - 11 U S C \$ 507(a)	r claim, or none or thich is	Amount secured by 507(a)(1) Taxes or 1) to the respondent sare	Check the of settle of settle of settle of Real value of arrition of the original claim 225* of the original claim penaltic pecify: a subject	this box if your claim escription of Collate Estate Moto f Collateral \$	teral or Vehrunkno harges 78 21 purchas housel mental ph of 1	cured by collateral (including
5 Total Amount of Claim at Time Case Filed Check this box if claim includes interest on other above.		768,560 (unsecured	<u>n </u>	768,560 86 (secured)	(prioi	768,560 86 (Total)
Credits The amount of all payments on this claim has been credited and deducted for the purpose of This Space is table Court Lie Only						
7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contract agreements and evidence of perfection of lien. DO NOT SENE documents are not available explain. If the documents are volumed Bournell Copy. To receive an acknowledgment of the filt addressed envelope and copy of this proof of claim. Date Sign and print the name and title if any of the file this claim (attach copy of power of attorn 1/7/0).	nts, such a cts court J O ORIGIN inous, atta ng of your	s promiss udgments (AL DOC ach a sum claim, en	mary aclose a	tes, purchase gages security NTS If the a stamped self-		D JAN 10 200
Penulty for personal frondulant clause for the second	lon	9	M	utce		USA CMC

Case 06-10/25-awz Doc 88/0	-3 =	itered 08/07/11 15:	57.U3_Par	<u>ne / ot 13</u>
UNITED STATES BANKRUPTCY COURT, IN IDISTRICT OF NEVADA		OOF OF CLAIM		AIM IS SCHEDULED AS
Name of Debtor	Case Nu	mher	Schedule/Claim ii	
	1		Amount/Classifica	ation
USA Commercial Mortgage Company	06-107	'25-LBR	\$12 951 80 Unse	cured
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative ex arising after the commencement of the case A request for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		OCT 3 0 2006
Name of Creditor and Address	002585	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court	scheduled by the I you agree with the other claim agains this proof of claim If the amounts sh Unliquidated or I filed If you have alr Bankruptcy Court	Debtor or pursuant to a filed claim if amounts set forth herein and have no it the Debtor you do not need to file EXCEPT as stated below nown above are listed as Contingent, Disputed, a proof of claim must be eady filed a proof of claim with the or BMC you do not need to file again CE IS FOR COURT USE ONLY
Creditor Telephone Number (77) 429 - 3344 Last four digits of account or other number by which creditor identifies	debtor		THIS SPAC	CE IS FOR COOK! USE OILL!
3 3 /2	debtoi	Check here repla of this claim amer	 a previously 	y filed claim dated
1 BASIS FOR CLAIM	Retiree l	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages	salaries and compensation	(fill out below)	Other claims against service
Services performed Taxes	4	digits of your SS #	· · · · · · · · · · · · · · · · · · ·	(not for loan balances)
Money loaned Other (describe briefly)	Unpaid o	compensation for services pe	erformed from	to
2004 10 200,5				(date) (date)
2 DATE DEBT WAS INCURRED 2005 2006		OURT JUDGMENT, DATE (
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	Dest descri	•	nt of the claim at th	e time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) of exceeds the value of the property securing it or if c) none or only part of you entitled to priority	your claim ur claim is	a right of setoff) Brief description of		ired by collateral (including
UNSECURED PRIORITY CLAIM				Поп
Check this box if you have an unsecured claim all or part of which is entitled to priority		M Real Estate L		
Amount entitled to priority \$		Value of Collateral		5,00V
		Amount of arrearage a secured claim if any	nd other charges \$ <i>+ ACCIUM</i>	at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	_	_		
Wages salaries or commissions (up to \$10 000)* earned within 180 days	_ _	Up to \$2 225* of deposits towa services for personal family of	r household use 1	1 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	늗	Taxes or penalties owed to go Other Specify applicable para		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L	Amounts are subject to adjust with respect to cases commen	stment on 4/1/07 an	d every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$	450,0	W + /NT \$		\$ 450,000 + /1,
AT TIME CASE FILED (unsecured)		secured)	(pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to the	he principal	amount of the claim Attach ite	emized statement o	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting doc running accounts contracts, court judgments mortgages security DOCUMENTS If the documents are not available explain. If the 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	<i>uments,</i> su agreemen documents	uch as promissory notes pur ts and evidence of perfer tio s are voluminous, attach a su	chase orders inv n of lien DO No immary	voices itemized statements of OT SEND ORIGINAL
The original of this completed proof of claim form must be ser	nt by mail	or hand delivered (FAXES	NOT	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pn for each person or entity (including individuals, partnerships, governmental units)	n, prevailii	ng Pacific time, on Noveml	per 13, 2006 🔎	HEE ONLY
BY MAIL TO BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO		
Attn USACM Claims Docketing Center /	Attn USA	CM Claims Docketing Cente	er	USA CMC
P O Box 911 El Segundo, CA 90245 0911	/	t Franklin Avenue do CA 90245		
DATE SIGN and print the name and title if any of the	e creditor or			######################################
this claim (attach copy of power of attorn	ney if any)	1		
11/11/11/11/11	4. KZ	ALIS, INES	<u> </u>	

dministrative expense may be filed pursuant to 11 U S C § 503 Ame of Creditor and Address						
Services performed Taxes T						
GUNNING TOBY 7245 BROCKWAY COURT RENO NV 89523 The count of the bankupticy court or BMC Group in this case Check box if you have never received any notices Check box if you have never received any notices Check box if you have a managed filed a proof of claim with the envelope sent to you by the court Check box if you have a managed filed a proof of claim with the envelope sent to you by the court Check box if you have already filed a proof of claim with the envelope sent to you by the court Check here fit this claim Goods sold Personal injury/wrongful death Rates Check bere fit this claim Goods sold Personal injury/wrongful death Rates Check bere fit this claim Goods sold Personal injury/wrongful death Rates Check here fit this claim Goods sold Personal injury/wrongful death Rates Check here fit this claim Goods sold Personal injury/wrongful death Rates Check here fit this claim Goods sold Personal injury/wrongful death Rates Check here fit this claim Goods sold Personal injury/wrongful death Rates Check here fit this claim Goods sold Personal injury/wrongful death Rates Check here fit this claim Goods sold Personal injury/wrongful death Rates Check here fit this claim Goods sold Personal injury/wrongful death Rates Check here fit this claim Goods sold Personal injury/wrongful death Rates Check here fit this claim Goods sold Personal injury/wrongful death Rates Check here fit this claim Goods sold Personal injury/wrongful death Rates Check here fit this claim Goods sold Personal injury/wrongful death Rates Check here fit this claim Goods sold Personal injury/wrongful death Rates Check here fit this claim Goods sold Personal injury/wrongful death Rates Check here fit this claim Goods sold Personal injury/wrongful death Rates Check here fit this claim Goods sold Personal injury/wrongful death Rates Check here fit this claim Goods sold Personal injury/wrongful death Rates Check here fit this claim Goods sold Personal injury/wrongful death Rates Check here fit this claim Goods sold Persona						
Reviewer beared any notices from the bankruptcy court or BMC Group in this case of the address on the description of the property securing it in the search and the search						
BMC Group in this case cliffer from the address on the envelope sent to you by the court of the phone Number (775) 624-0575 ast four digits of account or other number by which creditor identifies debtor BASIS FOR CLAIM Goods sold Personal injury/wrongful death Services performed Taxes Last four digits of your SS # Unpaid compensation for services performed from to the claim at the time case filed see reverse side for important explanations USECURED INTEREST IN A BORROWER THAT IS NOT NEW OF THE DEBTORS If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again THIS SPACE IS FOR COURT USE ONLY Check here if this claim Returee benefits as defined in 11 U S C § 1114(a) Unremitted principal Wages, salaries and compensation (fill out below) Other claims against servicer (not for loan balances) Unpaid compensation for services performed from to (date) CLASSIFICATION OF CLAIM Check this box if your claim is secured by collateral (including a right of seloff) Breat Debt Was Incurred. SECURED INTEREST IN A BORROWER THAT IS NOT NEW OF THE DEBTORS If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again THIS SPACE IS FOR COURT USE ONLY THIS SPACE IS FOR COURT With the Bankruptcy Court of THIS part of Your SP # THIS SPACE IS FOR COURT USE ONLY If It is a frequency filed a						
Creditor Telephone Number (173) 624-0575						
redutor Telephone Number (172) 624-0575 ast four digits of account or other number by which creditor identifies debtor # 6855 BASIS FOR CLAIM Personal injury/wrongful death Taxes Check here Taxes Check here Taxes Check here Check here Taxes Check here						
ast four digits of account or other number by which creditor identifies debtor Check here if this claim replaces or amends a previously filed claim dated 12 6 6						
Check this box if a) there is no collateral or len securing your claim extends the your claim extends the your claim extends the your claim extends the your claim is entitled to priority Check this box if you have an unsecured claim, all or part of which is entitled to priority Amount entitled to priority Specify the priority of the claim Check this box if a) the claim Check this box if you have an unsecured claim, all or part of which is entitled to priority Specify the priority of the claim Check this box if and the claim at the case filed included in secured claim, if any \$ 229430						
BASIS FOR CLAIM Goods sold Personal injury/wrongful death Services performed Taxes Other (describe briefly) Classification of Claim Classification of Claim Check this box if a) there is no collateral or lien securing your claim entitled to priority Amount entitled to priority Specify the priority of the claim Retiree benefits as defined in 11 U S C § 1114(a) Wages, salaries and compensation (fill out below) Last four digits of your SS # Unpaid compensation for services performed from (date) Other claims against servicer (not for loan balances) Other claims against servicer (not for loan balances) Value of COURT JUDGMENT, DATE OBTAINED Sec reverse side for important explanations SECURED CLAIM SECURED CLAIM Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral Wages, salaries and compensation (fill out below) Last four digits of your SS # Unpaid compensation (fill out below) (date) Other claims against servicer (not for loan balances) Other claims death against servicer (not for loan balances) Other claims and compensation (fill out below) Classification (fill out below) Other claims against servicer (not for loan balances) Other claims and compensation (fill out bel						
Goods sold Personal injury/wrongful death Services performed Taxes Wages, salaries and compensation (fill out below) Last four digits of your SS # Unpaid compensation for services performed from to (date) (date) **DATE DEBT WAS INCURRED Take 2005** **CLASSIFICATION OF CLAIM** **CLASSIFICATION OF CLAIM** **CLASSIFICATION OF CLAIM** **See reverse side for important explanations **UNSECURED NONPRIORITY CLAIM** **Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to pnonity **DINSECURED PRIORITY CLAIM** **Check this box if you have an unsecured claim, all or part of which is entitled to pnonity **Amount entitled to pnonity** **Specify the pnonty of the claim** **Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 2299.30						
Services performed Taxes Last four digits of your SS # (not for loan balances)						
Money loaned Other (describe briefly) Lipsaid compensation for services performed from (date) (dat						
DATE DEBT WAS INCURRED CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations UNSECURED NONPRIORITY CLAIM Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Check this box if you have an unsecured claim, all or part of which is entitled to priority Amount entitled to priority Amount entitled to priority Specify the priority of the claim 3 IF COURT JUDGMENT, DATE OBTAINED SECURED CLAIM Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral Real Estate Motor Vehicle Other Value of Collateral Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 2299.30						
CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations UNSECURED NONPRIORITY CLAIM Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to pnonty INSECURED PRIORITY CLAIM Check this box if you have an unsecured claim, all or part of which is entitled to pnonty Amount entitled to pnonty Specify the pnonty of the claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed SECURED CLAIM Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral Real Estate Motor Vehicle Other Value of Collateral \$ WKWWW Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 2299.30						
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$ 145.599.93 Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to pnonty INSECURED PRIORITY CLAIM Check this box if you have an unsecured claim, all or part of which is entitled to pnonty Amount entitled to pnonty \$ Specify the pnonty of the claim Specify the pnonty of the claim						
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to pnonty Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral Real Estate Motor Vehicle Other Value of Collateral \$ which is entitled to pnonty Amount entitled to pnonty \$ Specify the pnonty of the claim						
Check this box if a) there is no collateral of lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Check this box if you have an unsecured claim, all or part of which is entitled to priority Amount entitled to priority Specify the priority of the claim Check this box if you have an unsecured claim, all or part of which is entitled to priority Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 2294,30						
INSECURED PRIORITY CLAIM Check this box if you have an unsecured claim, all or part of which is entitled to priority Amount entitled to priority Specify the priority of the claim Specify the priority of the claim Amount of the claim Real Estate Motor Vehicle Other Value of Collateral \$ WKWW Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 2299,30						
Check this box if you have an unsecured claim, all or part of which is entitled to priority Amount entitled to priority Specify the priority of the claim Specify the priority of the claim Are all Estate I Motor Vehicle I Other Value of Collateral \$ UNKNOWN Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 2299.30						
Amount entitled to priority \$ Specify the priority of the claim Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 2299.30						
Specify the priority of the claim secured claim, if any \$ 2299,30						
- Sportly and privately at the state.						
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225* of deposits toward purchase lease or rental of property or						
Wages salaries or commissions (up to \$10 000)* earned within 180 days services for personal family or household use 11 U S C § 507(a)(7)						
before filing of the bankruptcy petition or cessation of the debtors business whichever is earlier - 11 U S C § 507(a)(4) Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)						
Other - Specify applicable paragraph of 11 U S C § 507(a) () Contributions to an employee benefit plan 11 U S C § 507(a)(5) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter						
with respect to cases commenced on or after the date of adjustment						
5 TOTAL AMOUNT OF CLAIM \$ 145,599.93 \$ 145,599.93 \$ (pnonty) \$ 145,599.93 \$ (Total)						
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges						
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim						
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , such as promissory notes purchase orders invoices itemized statements of running accounts, contracts, court judgments, mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL						
DOCUMENTS If the documents are not available, explain If the documents are voluminous attach a summary						
B DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim						
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 THIS SPACE FOR COURT USE ONLY						
for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and						
governmental units) BY MAIL TO BY MOCOUNT BY HAND OR OVERNIGHT DELIVERY TO						
DIVIL (4000)						
BMC Group Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center FIFT 171 172 2005						
Attn USACM Claims Docketing Center P O Box 911 Attn USACM Claims Docketing Center 1330 East Franklin Avenue Attn USACM Claims Docketing Center 1330 East Franklin Avenue						
Attn USACM Claims Docketing Center P O Box 911 El Segundo, CA 90245-0911 Attn USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo CA 90245 DATE / SIGN and print the name and title if any of the creditor or other person authonzed to file						
Attn USACM Claims Docketing Center P O Box 911 El Segundo, CA 90245-0911 Attn USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo CA 90245						

FORM B10 (Official Form 10) (10/05)					
UNITED STATES BANKRUPTCY COURT	Dist	RICT O	F Nevad	a	PROOF OF CLAIM
Name of Deptor USA COMMERICAL MORTGAGE CO	0			5-LRR	
NOTE: This form should not be used to make a claim for an administ of the case. A "request" for payment of an administrative expense ma	strative expe ay be filed p	ense arisin pursuant to	ng after the to 11 U.S.C.	commencement C. § 503.	
Name of Creditor (The person or other entity to whom the debtor owes money or property): Dowledge MEVERAL DENNILS F HEIN	else i	has filed a claim. A	a proof of c Attach copy	are that anyone claim relating to of statement	
DOND, MEYER + DENNIS E, HEIN TTWRDS Name and address where notices should be sent:	givin Chec	ng particul ok box if y	ulars. 'you hawe ne	ever received any ptcy court in this	
DON D. MEYER 3425 E. RUSSELL RD. UNIT 247 Telephoneral MEEGAS, UNIV. 89170		ck box if t	the address	differs from the sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor: #176		ck here is claim	replaces amends	s a previously file	ed claim, dated:
Basis for Claim Goods sold		☐ Wa	/ages, salari ast four digi	ies, and compons gits of your SS #:	
Services performed Money loaned Personal injury/wrongful death		Ur		pensation for ser	vices performed
Taxes See Exhibit A				(datc)	(date)
2. Date debt was incurred: December, 2004	3.			nt, date obtaine	
4. Classification of Claim. Check the appropriate box or hoxes it See reverse side for important explanations.	hat best des		ur claim and red Claim		t of the claim at the time case filed
Unsecured Nonpriority Claim \$ 126,590 Check this box if: a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) collaboration of your claim is entitled to priority.	ur claim, or none or	a right	Check this lat of setoff).	box if your claim	is secured by collateral (including
only part of your claim is entitled to priority. Unsecured Priority Claim		1 [Real Es		Vehicle Other
Check this box if you have an unsecured claim, all or part of entitled to priority.	which is	Amou	unt of arrear	rage and other cha	arges at time case filed included in
Amount entitled to priority \$				fany: \$/59	
Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A)	эr П	Up to \$2 or service § 507(a)	ces for pers	leposits toward ponal, family, or h	urchase, lease, or rental of property nousehold use - 11 U.S.C.
(a)(1)(B) Wages, salaries, or commissions (up to \$10,000),* earned within	I 081 nic	Taxes or	r penalties o	•	ental units - 11 U.S.C. § 507(a)(8). h of 11 U.S.C. § 507(a)().
day's before filing of the bankruptcy petition or cessation of the deb business, whichever is earlier - 11 U.S.C. § 507(a)(4).		mounts ar	re subject to	o adjustment on 4	1/1/07 and every 3 years thereafter to or after the date of adjustment.
Contributions to an employee benefit plan - 11 U.S.C. § 507(s) 5. Total Amount of Claim at Time Case Filed:	(w)(J). §	}		26,590	126,590
Check this box if claim includes interest or other charges in ad interest or additional charges.	ldition to th	(unsecus ne princip		(secured) of the claim. Atta	(priority) (Total) ach itemized statement of all
 Credits: The amount of all payments on this claim has been making this proof of claim. 	n credited	and dedu	icted for the	e purpose of	THIS SPACE IS FOR COURT USE ONLY
Supporting Documents: Attach copies of supporting documents, invoices, itemized statements of running accounts, contragreements, and evidence of perfection of lien. DO NOT SET	tracts, court	judgmen	nts, mortgag	ges, security	
documents are not available, explain. If the documents are volu	uminous, at	ttach a su	ımmary.		
Date-Stamped Copy: To receive an acknowledgment of the f addressed envelope and copy of this proof of claim.				stamped, self-	
Date Sign and print the name and title, if any, of file this claim (attach copy of power of atte	omey, if any	y): [
18/06 Don D. MEYER+	Jenne	s Hei	tein	JT WROS	

_		Ub-1U725-0WZ DOC 8870-	. <u>3EIII(</u>	sted 08/07/11 12:2	7.03 Page	<u> 10 01 13</u>
		S BANKRUPTCY COURT IGT OF NEVADA		OF OF CLAIM		
Ī	Name of Debtor		Case Nu	mber 7014—110775		
	USA Capital		10726,	mber 06-10725, 10727,10726,1072		
ľ	This form should not be used arising after the commencem	of Debtors and Case Numbers to make a claim for an administrative ex ent of the case A "request" for payment be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
	Name of Creditor and	אינו ועל פועות מעוב אינו פועות אינו אינו אינו אינו אינו אינו אינו אינו		statement giving particulars		
	2333 DOLPH	1132124100057 OUWERS MD SEP IRA IIN CT N NV 89074-5320	79	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case		S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT
	112.132.1	00 104 000		Check box if this address differs from the address on the envelope sent to you by the		STORS ady filed a proof of claim with the or BMC you do not need to file again
	Creditor Telephone Number	المستقد والمستقد		court	THIS SPACE	IS FOR COURT USE ONLY
	Last four digits of account or	other number by which creditor identifies	debtor	Check here replace or amen	a previously	filed claim dated
	1 BASIS FOR CLAIM		Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
ļ	Goods sold	Personal injury/wrongful death] Wages s	salaries, and compensation (fill out below)	Other claims against servicer (not for loan balances)
	Services performed Money loaned	☐ Other (describe briefly)		digits of your SS # ompensation for services per	rformed from	(not for loan balances)
1	, idams		Oripaid C	ompensation for services per	Homeu Hom	(date) (date)
	2 DATE DEBT WAS INCUR			OURT JUDGMENT, DATE O		
	4 CLASSIFICATION OF CL See reverse side for important	AIM Check the appropriate box or boxes the t explanations	at best descri	be your claim and state the amo	unt of the claim at th	ne time case filed
	UNSECURED NONPRIORI	·		SECURED CLAIM		- d b Untrool (
	exceeds the value of the pr	s no collateral or lien securing your claim or broperty securing it or if c) none or only part of y		a right of setoff)	our claim is secur	ed by collateral (including
	entitled to priority UNSECURED PRIORITY CL	AIM		Brief description of		party.
		an unsecured claim all or part of which is		Real Estate	1	Other
	entitled to priority	-		Value of Collateral	' 	
	Amount entitled to priority Specify the priority of the cl	\$		Amount of arrearage ar secured claim if any		at time case filed included in
	\	ns under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward		
Ì		ssions (up to \$10 000)* earned within 180 day tcy petition or cessation of the debtors	rs \Box	services for personal family of Taxes or penalties owed to go		• ,,,,
		lier - 11 U S C § 507(a)(4)		Other Specify applicable part		
ĺ	Contributions to an employ	ree benefit plan - 11 U S C § 507(a)(5)		* Amounts are subject to adju- with respect to cases commen	stment on 4/1/07 an	d every 3 years thereafter
	5 TOTAL AMOUNT OF CLA	AIM \$ \$	15000	() (0 (1) \$ 12	*U V	\$
	AT TIME CASE FILED	(unsecured)	(s	ecured) julevest du	A priority)	(Total)
	Check this box if claim incl	ludes interest or other charges in addition to	the principal	amount of the claim Attach ite	mized statement o	f all interest or additional charges
	7 SUPPORTING DOCUI running accounts, contract	of all payments on this claim has been cre MENTS <u>Attach copies of supporting doc</u> cts court judgments, mortgages, security cuments are not available, explain If the	<i>c<u>uments,</u> su</i> agreement	ich as promissory notes pure s and evidence of perfection	chase orders invo	oices, itemized statements of
	į	To receive an acknowledgment of the			•	envelope and copy of this
	ACCEPTED) so that it is for each person or entit	pleted proof of claim form must be se s actually received on or before 5 00 pa y (including individuals, partnerships,	m, prevailin	g Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
	governmental units) BY MAIL TO BMC Group		BY HAND	OR OVERNIGHT DELIVERY TO	H	ILED OCT 3 0 2006
	Attn USACM Claims Doc	cketing Center	Attn USA	CM Claims Docketing Cente	er	
İ	P O Box 911 El Segundo CA 90245-0	911		t Franklın Avenue do CA 90245		USA CMC
	ahs/06	SIGN and print the name and title if any of this claim (attach copy of power of attach copy o	the creditor or orney, if any)	10	TEF. I	1072500806
	1 V	I I I I I I I I I I I I I I I I I I I	121-			

Case 96-10725-gwz Doc 8870-	<u>3 F</u> n	tered 08/07/11 15:5	7:03 Par	Charpes
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAIM		AIM IS SCHEDULED AS
Name of Debtor	Case Nu	mber	Schedule/Claim I	
USA Commercial Mortgage Company		725-LBR	Amount/Classifica	ation
mortgage company	00-107	ZJ-LDN	\$11 538 46 Unse	
NOTE See Reverse for List of Debtors and Case Numbers	L		842,140	36 Secured
I his form should not be used to make a claim for an administrative ex-	pense	Check box if you are	,	-
ansing after the commencement of the case. A request for payment administrative expense may be filed pursuant to 11 U.S.C. § 503	of an	aware that anyone else has filed a proof of claim relating	The amounts refle	cted above constitute your claim as
Name of Creditor and Address		to your claim Attach copy of statement giving particulars	scheduled by the [Debtor or pursuant to a filed claim. If amounts set forth herein, and have no
JOYCE E SMITH TRUST DATED 11/3/99	01113	Check box if you have	other claim agains	t the Debtor you do not need to file EXCEPT as stated below
C/O JOYCE E SMITH TRUSTEE 3080 RED SPRINGS DR		never received any notices from the bankruptcy court or		nown above are listed as Contingent
LAS VEGAS NV 89135 1548		BMC Group in this case		Disputed, a proof of claim must be
		Check box if this address differs from the address on the	1	eady filed a proof of claim with the
Creditor Telephone Number (4.5) 27/11		envelope sent to you by the court	1 ' '	or BMC you do not need to file again
Creditor Telephone Number (102) $240 - 8007$ Last four digits of account or other number by which creditor identifies	dehtor	Court	THIS SPAC	E IS FOR COURT USE ONLY
	Gebioi	Check here replain or amer	a previously	filed claim dated
1 BASIS FOR CLAIM Goods sold Personal injury/wrongful death	Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	Wages	salaries and compensation	(fill out below)	Other claims against service
		r digits of your SS #		(not for loan balances)
Money loaned United (describe briefly)	Unpaid o	compensation for services pe	rformed from	to
2 DATE DEBT WAS INCURRED 11-21-13	3 IE C	OURT JUDGMENT, DATE O	PTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or hoves that	best descrit	be your claim and state the amou	nt of the claim at the	e time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b)	our aloum		our claim is secu	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of you entitled to priority	r claim is	a right of setoff)		
UNSECURED PRIORITY CLAIM		Brief description of		
Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Estate		26
11 - 24 40		Value of Collateral	\$ 84	2,140?=
Specify the priority of the claim		Amount of arrearage a secured claim if any	nd other charges	at time case filed included in 140.36
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)				
Wages salaries or commissions (up to \$10,000)* garned within 100 days	<u>L</u>	Up to \$2 225 of deposits towa services for personal family o		
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to go	vernmental units 1	1 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable para		
		Amounts are subject to adjust with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$ 11,538.46 \$ AT TIME CASE FILED	842,	140.36 \$		\$ 853,678,02
(unsecured)	,	secured)	(pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to the				
6 CREDITS The amount of all payments on this claim has been cre	dited and	deducted for the purpose of r	making this proof	of claim
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting doctors</u> running accounts contracts court judgments mortgages security	<i>uments,</i> su	ich as promissory notes pur	chase orders inv	voices itemized statements of
bocowicities in the documents are not available explain. If the	documents	s are voluminous attach a su	ımmary	
8 DATE-STAMPED COPY To receive an acknowledgment of th proof of claim	e filing of y	our claim enclose a stampe	ed self addresse	d envelope and copy of this
The original of this completed proof of claim form must be ser	nt by mail	or hand delivered (FAXES	NOT	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships,	ı, prevailii corporatio	ng Pacific time, on Novemb ons. joint ventures, trusts a	per 13, 2006 and	USE ONLY
BY MAIL TO		OR OVERNIGHT DELIVERY TO		FILED OCT 31 2006
BMC Group Attn USACM Claims Docketing Center	BMC Gro	up		
P O Box 911		ACM Claims Docketing Cente It Franklin Avenue	ŧ1	USA CMC
El Segundo CA 90245 0911 DATE SIGN and point the name and title of any of the		do CA 90245		1072500893
this claim (attach copy of power of artorn	e creditor or ney if any)	other person authorized to file		_
10-28-06 (payer & Am	ilh	Busteo.		

FORM B10 (Official Form 10) (10/05)

FORM BIO (Official Form 10) (10/05)				
United States Bankruptcy Court	Dı:	TRICT	OF Nevada	
Name of Debtor	-	Number		PROOF OF CLAIM
USA Commercial Mortgage Com	pany		6-10725-LE	e l
NOTE. This form should not be used to make a claim for an adminisof the case. A request "for payment of an administrative expense materials and administrative expense materials."	strative exp	pense ans	ing after the commenceme	nt
of the case of request for payment of an authinistrative expense his	y be filed	pursuane	10 11 0 2 (2 9 10)	
Name of Creditor (The person or other entity to whom the	Che	ck box if	you are aware that anyon	e
debtor owes money or property) Date as Minder	- clsc	has filed	a proof of claim relating	
I Elizabeth F. Minter Trustees of	you		Attach copy of statement	
Mintertamily 1994 Trust	m *'''	ng partici		
Name and address where notices should be sent			you have never received a the bankruptcy court in the	
Minter Family 1994 Trust			the bankinpicy count in th	112
c/o Douglas Minter & Elkabeth Min	Che	ck box if	the address differs from the	ne [
c/o Douglas Minter & Elkaheth Min 5389 Conte Dr. Carson Cily, W Telephone number 775-484-1683 89701	add		e envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor		court.		
identifies debtor		ck here is claim	replaces	فيداد المامان
	11 (1)	is cia(ii)	amends a previously	filed claim dated
1 Basis for Claim		R	etiree benefits as defined	in 11 USC § 1114(a)
☐ Goods sold		□ w	ages salaries, and compo	ensation (fill out below)
Services performed			ast four digits of your SS	
Money loaned		U	npaid compensation for s	services performed
Personal injury/wrongful death		fr	om	to
Taxes See Ethebet A			(date)	(date)
	3	16	49.9	
2. Date debt was incurred September 2003	3	ii cou	rt judgment, date obtai	ned
4 Classification of Claim Check the appropriate box or boxes the	at best des	cnbe you	r claim and state the amo-	unt of the claim at the time case filed
See reverse side for important explanations. Unsecured Nonpriority Claim \$622,044.87		Secur	ed Claim	
			Check this box if your clai	m is secured by collateral (including
Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it or if c) represents of your claim is caused as	claim, or	a right	of setoff)	is seemed by contact in (including
only part of your claim is entitled to priority	ione or	1	Brief Description of Colla	teral
Unsecured Priority Claim			~	or Vehicle Other
		Ľ	-	Inknown
Check this box if you have an unsecured claim, all or part of we entitled to priority	hich is			
		Amou	nt of arrearage and other of	harges at time case filed included in
Amount entitled to priority \$		secure	d claim if any \$931	6.31
Specify the priority of the claim	П	Up to \$2	,225* of deposits toward	purchase, lease, or rental of property
Domestic support obligations under 11 U S C § 507(a)(1)(A) or	_	or service	es for personal family, or	household use - II USC
(a)(1)(B)		§ 507(a)	• •	
Wages salaries, or commissions (up to \$10 000),* earned within	Ц	Taxes or	penalties owed to governi	mental units - 11 USC § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debto	r's	Other - S	pecify applicable paragra	ph of 11 U.S.C. § 507(a)()
business, whichever is earlier - 11 U.S.C. § 507(a)(4)	*Am	ounts are	subject to adjustment on	4/1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 U S C. § 507(a)		with resp	ect to cases commenced o	n or after the date of adjustment.
5 Total Amount of Claim at Time Case Filed	d	199.	4487 62204	187 622,049.8
	44	(unsecure	(berupas)	(propty) (Total)
Check this box if claim includes interest or other charges in additional charges.	tion to the	principa	amount of the claim At	tach itemized statement of all
6 Credits The amount of all payments on this claim has been a making this proof of claim	credited ar	nd deduct	ed for the purpose of	THIS SINCE IS FOR COURT USE ONLY
- •				
7 Supporting Documents Attach copies of supporting document	nts, such a	s promis	sory notes, purchase	
orders invoices itemized statements of running accounts, contract	as, court j	udgment	s, mortgages, security	
agreements and evidence of perfection of lien DO NOT SEND documents are not available, explain If the documents are voluments	OKIGIN	AL DOC		
8. Date-Stamped Copy To receive an acknowledgment of the file	vus, att	icii a sum	unary	- 1211 1 6 2007
addressed envelope and copy of this proof of claim	or your	ciaim, e	iciose a stamped self-	FILED JAN 16 2007
Date Sign and print the name and title, if any, of the	e creditor	or other	nercon authorized to	,
file this claim (attach copy of power of attorn	ey if anv	or onici')	verson autionzed (o	
1/10/07 0 0 0			_	
Loughes mile	2	I	too	USA CMC
I June		T CU	- Leco	11 # 6 1 0 10 10 10 10 10 10

Penalty for presenting fraudulent claim. Fine of up to \$500 000 or imprisonment for up to 5 years or both 18 l

USA CMC 1072502383

Case 06 10725-(WZ DOC 08/0-3 PR	OOF OF CLAIM	(:03 Page	2 13 0† 13
Name of Debtor	e of Debtor Case Nu			
		<u> </u>		
USA Commercial Mortgage Con	npany 00-1	0725-LBR		
NOTE See Reverse for List of Debtors and C	Case Numbers	1_		
This form should not be used to make a claim arising after the commencement of the case		Check box if you are aware that anyone else has		
administrative expense may be filed pursuant	to 11 U S C § 503	filed a proof of claim relating to your claim Attach copy of		Y OWED MONEY BY A BORROWER BEING SERVICED BY THE
Name of Creditor and Address		statement giving particulars	DEBTORS YOU	O <u>NOT</u> HAVE TO FILE A PROOF
	11321242037677	Check box if you have		INCLUDES MONEY FROM THAT D IN THE COLLECTION ACCOUNT
NIX JOHN 836 TEMPLE ROCK CT		never received any notices from the bankruptcy court or	DO NOT EU E TH	IS PROOF OF CLAIM FOR A
BOULDER CITY NV 89005		BMC Group in this case	SECURED INTER	EST IN A BORROWER THAT IS NOT
}		Check box if this address	ONE OF THE DE	eady filed a proof of claim with the
		differs from the address on the envelope sent to you by the		or BMC, you do not need to file again
Creditor Telephone Number (762) 364-128		court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by		Check here repla	a proviouely	filed claim dated
Client 10 # 2628	}	if this claim amer		
1 BASIS FOR CLAIM		e benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
	ijury/wrongful death Wage	s salaries and compensation (fill out below)	Other claims against servicer (not for loan balances)
Services performed Taxes		our digits of your SS #		(not for loan balances)
Money loaned U Other (desc	cribe bnefly) Unpai	d compensation for services pe	rformed from	to
2 DATE DEBT WAS INCURRED	3 IF	COURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the				he time case filed
See reverse side for important explanations	. N 020 20	SECURED CLAIM	dee Atta	tched
UNSECURED NONPRIORITY CLAIM \$ 7 Check this box if a) there is no collateral or lie		Check this box if you	our claim is secui	red by collateral (including
exceeds the value of the property securing it		a right of setoff)	11 . 4 1	
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	_	— 04
Check this box if you have an unsecured claim	n all or part of which is	Real Estate	_	Other
entitled to priority		Value of Collateral	· -	
Amount entitled to priority \$		Amount of arrearage a secured claim if any	nd other charges	at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C	§ 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits tow	ard nurchase lease	or rental of property or
Wages salaries or commissions (up to \$10 0	•	services for personal family		
before filing of the bankruptcy petition or cess business whichever is earlier - 11 U S C § 5	ation of the debtor's	Taxes or penalties owed to go		* ****
Contributions to an employee benefit plan 11		Other Specify applicable par	• .	- '''
		* Amounts are subject to adju with respect to cases comme		date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ 710 AT TIME CASE FILED	,937.34 \$	\$		\$ 710, 937.34
	(unsecured)	(secured)	(pnonty)	(Total)
Check this box if claim includes interest or of	her charges in addition to the princil	pal amount of the claim Attach ite	emized statement o	of all interest or additional charges
6 CREDITS: The amount of all payments o				
7 SUPPORTING DOCUMENTS <u>Attach</u> running accounts contracts, court judgme				
DOCUMENTS If the documents are not	available, explain If the docume	nts are voluminous attach a su	mmary	
8 DATE-STAMPED COPY To receive proof of claim	an acknowledgment of the filing of	of your claim enclose a stampe	d self-addressed	l envelope and copy of this
The original of this completed proof of	claim form must be sent by ma	ul or hand delivered (FAXES I	NOT	THIS SPACE FOR COURT
ACCEPTED) so that it is actually receiv	ed on or before 5 00 pm, preva	iling Pacific time, on Novemb	er 13, 2006	USE ONLY
for each person or entity (including ind governmental units)	• • •			
BY MAIL TO BMC Group	BMC 0			
Attn USACM Claims Docketing Center P O Box 911		ISACM Claims Docketing Cente East Franklin Avenue	er FIL	ED NOV 10 2006
El Segundo CA 90245-0911	El Seg	undo, CA 90245		
DATE SIGN and print the science of t	ne name and title if any of the credito (attach copy of power of attorney if ar	or or other person authorized to file	· · · · · · · · · · · · · · · · · · ·	USA CMC 11
100000	x Lisa Mil	·11		## ## ## ### #########################
1 1 2 3 10 1	//			